

## TRAINING CENTER USAGE FORMS & REMINDERS

- The lead instructor **must be certified** in the use of the DC Fire training Center and possess a valid card. All live burn evolutions must have at least two certified instructors present on the training ground.
- The pre-burn checklist **must be** completed prior to ignition of any live fire evolutions. All live fire burn activities must follow the Dutchess County Live Burn Policy.
- The number of personnel shall dictate the number of safety officers. All evolutions require a certified instructor.
- All personnel using the cascade system **must be trained or have a trained person** in attendance at the system to over see the operation. Bottle pressures must be listed at the start and end of training on the front of this form.
- The training center facilities **must be** left in a clean and admirable manner. Any damage that is either found or occurs must be reported.
- All injuries **must be** reported to the dispatch center. A minimum of one equipped NYS EMT is required on site for all live burn evolutions. An accident report **must be** completed, place in an envelope, sealed, and given to the Sr. Dispatcher in the center prior to leaving.
- Live burn evolutions in the high tower are restricted to the burn barrel on the 5<sup>th</sup> floor only. When doing live burns evolutions in the tower, an aerial device **must be positioned as a second means of egress** prior to ignition. Where installed, an exterior fire escape may replace the requirement for an aerial device.
- The **MAXIMUM** amount of fuel (Hay / Pallets) for a live burn evolution in the Fire Operations Building SHALL be **no more than 75 pounds**, which is equivalent to one (1) pallet and between one half (1/2) to one (1) bale of hay.
- A safety / backup hose line must be in place and charged prior to the ignition of any live fires.
- **SCBA (Self Contained Breathing Apparatus)** use is restricted to individuals who meet the Respiratory Protection Policy requirements.
- A *Training Center Usage Report*, must be completed and turned in at the conclusion of all training sessions.

## TRAINING CENTER USAGE LESSON PLAN

Department / Agency: \_\_\_\_\_

Lesson Date and Time: \_\_\_\_\_ Total  
Number of Students: \_\_\_\_\_

Drill Title: \_\_\_\_\_

Training Subject: \_\_\_\_\_

Pre-Requisites / Requirements: \_\_\_\_\_

Objective(s): \_\_\_\_\_

Method of Instruction: Lecture: \_\_\_\_\_ Discussion: \_\_\_\_\_ Demonstration: \_\_\_\_\_

Practical Exercise: \_\_\_\_\_ Other: \_\_\_\_\_ (explain) \_\_\_\_\_

Training Aids: \_\_\_\_\_

Facility / Buildings / Props to be used: \_\_\_\_\_

Student Materials / Equipment Required: \_\_\_\_\_

Instructor in Charge: \_\_\_\_\_

Additional Instructors: \_\_\_\_\_

Safety Officer assigned: Yes ( ) No ( ) Name: \_\_\_\_\_

Instructor References: \_\_\_\_\_

**Attach a copy of your Training Goals and Objectives to this report:**

Notes:

[illegible]

## TRAINING CENTER USAGE REPORT

DATE: \_\_\_\_\_ TIME: START: \_\_\_\_\_ AM / PM STOP: \_\_\_\_\_ AM / PM

FIRE DEPARTMENT / AGENCY: \_\_\_\_\_ FDID: \_\_\_\_\_

TYPE OF TRAINING (TOPIC): \_\_\_\_\_

LEAD INSTRUCTOR: \_\_\_\_\_

SAFETY OFFICER: \_\_\_\_\_

PRE-USE INSPECTION STATUS: \_\_\_\_\_

### **BUILDING(S) / PROPS USED:**

ITEM	X	ITEM	X	ITEM	X
Tower : Floors		Burn Bldg: Floor Room:		Taxpayer Bldg.	
Mask Confidence Bldg.		Survival Bldg.		Confined Space Simulator	
LP Simulator		Propane		Auto Pad #1	
Auto Pad #2		Classroom		Hydrant	
Drafting Pit		Roof Simulator			

### **EQUIPMENT / SUPPLIES USED:**

PROPANE SYSTEM:

Starting Level	
Ending Level	

CONDITION OF THE FACILITIES UPON COMPLETEION OF SESSION: \_\_\_\_\_

ANY DAMAGE INCURRED DURING TRAINING SESSION? Yes ( ) NO ( )

*If YES, please detail damage on the back of this report.*

ANY INJURIES INCURRED DURING TRAINING SESSION? Yes ( ) NO ( )

If YES, a Student Injury / Accident Report **MUST** be completed and submitted to the Senior Dispatcher / Supervisor.

**ATTACH A COPY OF YOUR LESSON PLAN AND THE PRE-BURN CHECKLIST FOR ALL "LIVE BURN" EVOLUTIONS, TO THIS REPORT AND PLACE ALL REQUIRED PAPER WORK IN THE PROVIDED MANILA ENEVLOPE AND PLACE IT IN THE TRAINING CENTER MAIL BOX IN THE REAR ENTRANCE OF THE LOBBY AREA OF THE 911 CENTER / DEPART. OF EMERGENCY RESPONSE BUILDING.**

Form Completed by: \_\_\_\_\_  
(Please Print)

Title: \_\_\_\_\_

## **STUDENT INJURY/ACCIDENT REPORT**

All injuries must be reported to DER immediately

Dutchess County  
Department of Emergency Response

Please complete this form, place in envelope and seal. Please give it to the Sr. Dispatcher before you leave.

**Please Print**

INJURED PARTY:		DOB:	
FIRE DEPART./AGENCY:		FD ID#:	
STUDENT ID.#:	DATE OF INJURY:	TIME OF INJURY:	: am / pm
LOCATION:			
COURSE NAME:			
COURSE No.:			
LESSON:		UNIT NO.:	
NATURE OF INJURY:			
DESCRIPTION OF HOW THE INJURY OCCURRED:			
WAS PROTECTIVE EQUIPMENT RELATED TO THE INJURY: YES [ ] NO [ ]			
IF YES, GIVE DETAILS:			
WAS TREATMENT PROVIDED ON SCENE: YES [ ] NO [ ]			
NAME OF PROVIDER:			
DESCRIBE TREATMENT:			
WAS INJURED PARTY TRANSPORTED TO HOSPITAL: YES [ ] NO [ ]			
NAME OF HOSPITAL:			
TRANSPORTED BY:			
[ ] CHECK HERE IF NARRATIVE IS PROVIDED ON ADDITIONAL SHEETS.		TOTAL INCLUDING THIS SHEET _____	
<b>----- REPORT COMPLETED BY -----</b>			
INSTRUCTORS NAME		INSTRUCTORS ID #	
CONTACT NUMBER		E-MAIL ADDRESS	
SIGNATURE:		DATE:	

**TRAINING CENTER CHECKLIST**

The following are to be completed at the end of each training session:

Completed (X)	Items to be Completed
	Training Center Lesson Plan completed and submitted.
	Training center Pre-Burn Checklist completed and submitted
	Training Center Usage Report completed and
	Student Injury / Accident Report completed, if injury was incurred only.
	Building and Training facilities cleaned and ready for next use.
	Door and windows to ALL buildings and trailers are closed and secured.
	ALL lights are turned off.
	All required forms are completed, and along with the Training Center Keys are returned to the Training Center mailbox in the rear entrance of the lobby area of the 911 Center / Department of Emergency Response Building.

Fire / Police / EMS Agency: \_\_\_\_\_  
(Please Print)

Officer In Charge of Training Session: \_\_\_\_\_  
(Please Print)

Date: \_\_\_\_\_